

For Office Use Only				
Date rec'd:	Check #			
Amount:	Permit #:			
Rec'd from:				

## MINOR INSTALLATION PERMIT APPLICATION FOR UNDERGROUND STORAGE TANKS

Where is the work being conducted?		Facility O	Facility Owner information					
Facility Name:		Name:						
Physical address:		Mailing ac	Mailing address:					
City:		City:						
Zip:		State:	State:			Zip:		
Phone:	Fax:	Phone:	Phone:			Fax:		
Facility ID Number:								
Date of proposed work								
icensed installer or inspect								
•								
Please complete the follow								
Tank #	THIS LIN	E FOR (	)	CE	JSE ON	ILY		
Tag Number								
Tank Capacity (gallons)								
Substance Stored								
Please supply the UST opedentifying which tank(s) y	ou are working on.						-	
Please supply the UST opedentifying which tank(s) yam applying for a permit	ou are working on. for (check all that apply)			elow. 1	This numbe	r is necessar Tag #	y for Tag #	
Please supply the UST opedentifying which tank(s) y am applying for a permit  Spill bucket replacemen	ou are working on.  for (check all that apply): t	:					-	
Please supply the UST opedentifying which tank(s) y am applying for a permit Spill bucket replacemen Installation of boots or o	you are working on.  for (check all that apply): t  ffset sleeves on tank risers	:					-	
Please supply the UST opedentifying which tank(s) y am applying for a permit  Spill bucket replacemen Installation of boots or o Booting of flex connecto	for (check all that apply): t ffset sleeves on tank risers ors on product or vent piping	: s					-	
Please supply the UST opedentifying which tank(s) y am applying for a permit  Spill bucket replacemen Installation of boots or o Booting of flex connecto Repair or replacement o	for (check all that apply):  t  ffset sleeves on tank risers ars on product or vent piping if impressed current cable(	: s g s)					-	
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Please supply the UST opedentifying which tank(s) year applying for a permit  Spill bucket replacement of boots or or applying of flex connectors.  Repair or replacement or Removal or installation of a drop tub	for (check all that apply):  t  ffset sleeves on tank risers ors on product or vent piping if impressed current cable( of a ball float vent valve (ex	: s g s)					-	
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## **Mail Completed Applications to:**

Department of Environmental Quality Waste & Underground Tank Mgmt Bureau PO Box 200901

Helena, MT 59620-0901 Phone: (406) 444-5300 Fax: (406) 444-1374 Permit Review Fee: \$50/permit\*

\* Omit \$50 base permit fee if you are submitting this Minor application with a Major Installation application packet or Closure application.